

Case Number:	CM15-0206799		
Date Assigned:	10/23/2015	Date of Injury:	04/24/2014
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 72 year old male who sustained an industrial injury on 4-24-14. The medical records indicate that the injured worker was being treated for occipital neuralgia; cervical facet arthropathy; cervical myofascial strain; bilateral carpal tunnel syndrome; tinnitus; cervical vertebral compression fracture; traumatic brain injury. He currently (9-14-15) reports an 80% increase in pain since his last visit; hearing and headaches are worse; increased difficulty in understanding words; pressure at the top of his head; numbness and tingling of bilateral hands and his pain level was 8 out of 10 (pain level was consistent from 4-14-15 through 9-1-15); cramping of the left calf and his balance was off; sleep difficulties. The physical exam revealed tenderness to palpation in bilateral occipital area with recreation of pain in the greater occipital nerve distribution, positive bilateral cervical facet loading, decreased range of motion. He uses a cane for ambulation. Diagnostics include cervical spine x-rays (9-17-14) showing facet osteoarthritis diffusely throughout the cervical spine and reduced lordosis; MRI of the cervical spine (4-24-15) showing multilevel degenerative disc disease with facet arthropathy and restrolisthesis C3-4, C4-5 and C6-7, anterior wedging, canal stenosis, neural foraminal narrowing; MRI of the brain (3-3-15) with no evidence of acoustic tumor, mild atrophy. Treatments to date include trigger point injections (4-2015) provided significant benefit in pain relief and decreased headaches; medication: Dilantin, Norco, prior Flexeril; chiropractic sessions for cervical spine 8 sessions with moderate benefit for headaches. The treating provider requested physical therapy 2 times per week for 8 weeks to the cervical spine on 4-14-15. There were no physical therapy notes present. On 9-30-15 Utilization Review non-certified the request for physical therapy 2 times a week for 8 weeks to the cervical spine but modified to 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2 times a week for 8 weeks cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents on 09/14/15 with neck pain rated 8/10 and associated headaches. The patient's date of injury is 04/24/14. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 8 WEEKS CERVICAL. The RFA was not provided. Physical examination dated 09/14/15 reveals tenderness to palpation of the left cervical paraspinal musculature, bilateral occipital ridges with pain elicitation in the greater occipital nerve distribution, positive cervical facet loading, limited cervical range of motion, and positive Tinel's sign in the bilateral wrists. The patient is currently prescribed Dilantin, Norco, and OTC Aleve. Patient is currently not working. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 16 physical therapy sessions for the cervical spine, the provider has exceeded guideline recommendations. For chronic pain complaints, MTUS guidelines support 8-10 treatments of physical therapy. There is evidence in the records provided that this patient has completed some physiotherapy to date for his cervical complaint, though the exact dates of service are unclear. While this patient presents with significant chronic pain complaints unresolved by conservative measures to date, the requested 18 sessions exceeds MTUS guideline recommendations, which only allow up to 10 visits for complaints of this nature. Therefore, the request IS NOT medically necessary.